



# Postabortion Family Planning Benefits Clients and Providers

- *Provision of family planning methods is a central feature of postabortion care.*
- *When family planning methods are available onsite for all clients treated for incomplete abortion or miscarriage, clients, providers, and programs benefit.*

## **As part of postabortion care, family planning is critically important.**

A woman's fertility can return quickly after an abortion or miscarriage—as soon as two weeks after (Bongaarts 1983). Yet recent data show high levels of unmet need for family planning among women who have been treated for incomplete abortion. This leaves many women at risk of another unintended pregnancy and in some cases subsequent repeated abortions and abortion-related complications (Savelieva et al. 2002). Thus it is vital for programs to provide a comprehensive package of postabortion care (PAC) services that includes medical treatment; family planning counseling and other reproductive health services such as sexually transmitted infection (STI) evaluation and treatment, HIV counseling and possibly testing; and community support and mobilization.

### **Components of PAC**

- ❶ Emergency treatment
- ❷ Family planning counseling and service delivery, STI evaluation and treatment, HIV counseling and/or referral for HIV testing
- ❸ Community empowerment through community awareness and mobilization

Source: USAID Postabortion Care Model 2004.

Facilities that can effectively treat women with incomplete abortions can also provide contraceptive services, including counseling and appropriate methods. Appropriate pre-discharge contraception can be provided in conjunction with all emergency procedures including inpatient and outpatient dilation and curettage (D&C) and manual or electric vacuum aspiration. Any provider who can treat incomplete abortion can also provide most family planning methods.

## **Providing family planning services within PAC benefits clients and programs.**

When programs provide family planning methods to postabortion clients at the time of treatment, clients, providers, and programs all benefit.

**Higher contraceptive use.** An operations research (OR) study of postabortion clients in Kenya found that 75 percent chose family planning methods when they were provided on the ward, while only 41 percent obtained a method when asked to visit a separate site within the same hospital after discharge (Solo et al. 1999). An OR study in Perm, Russia, found that the introduction of postabortion family planning service delivery, involving training in counseling skills and job aids for providers, led to increased use of modern contraceptive methods at 12 months postabortion (Savelieva et al. 2002).

**Increased access to family planning information and informed method choice.** Following an intervention to strengthen family planning as part of PAC services in rural health districts in Senegal, nearly twice as many PAC clients reported receiving family planning counseling after the intervention as before the intervention (70% versus 38%). In addition, 20 percent of PAC clients left the facility with a modern contraceptive method compared with none at baseline, since before the intervention these clients had received only referrals (EngenderHealth 2003).

When providers at five Honduran hospitals were trained to provide family planning counseling and methods to women treated postabortion, the proportion of women receiving a method increased almost fourfold, and the percentage of women wanting family planning who left without a method dropped by half (see figure).

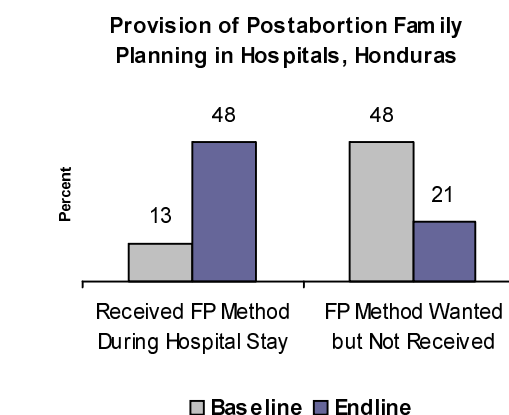


**Improved long-term outcomes.** A health facility in Brazil reduced pregnancy-related rehospitalizations by 60 percent within 21 months after starting to offer IUDs before discharge.

**Savings to programs.** The Brazilian facility avoided two outpatient visits and saved \$2.80 for every \$1.00 invested in postpartum and postabortion family planning services (Population Council 1993).

**Savings to clients.** Women save time and money—and avoid the risks of unintended pregnancy—when provided with complete services before discharge.

**Reduced abortions.** The OR study in Perm, Russia, found that initially 50 to 60 percent of postabortion clients were not using contraceptives one year after the procedure. Over 10 percent had repeat abortions within 12 months. While the intervention package did not lead to an overall reduction in repeat abortion, receiving family planning counseling at the follow-up visit was an important factor in reducing repeat abortion for women who received this counseling (Savelieva et al. 2002).



Source: Medina et al. 2001

### What can programs do?

- Provide the entire PAC package, including family planning provision, regardless of the emergency treatment procedure used.
- Provide family planning counseling and contraceptive methods on-site—as opposed to on referral—and ensure follow-up visits that include family planning counseling.
- Insure availability of all reversible modern methods where women receive PAC services.
- Train current providers and all newly hired providers in family planning counseling and interpersonal communication skills. Provide trained providers with supportive supervision. Develop and supply provider job aids and client education materials on postabortion family planning.

**Where to get more information:** [www.maqweb.org](http://www.maqweb.org)

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